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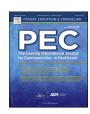
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Challenges for healthcare communication during the COVID-19 pandemic



More than one year has passed since the first outbreak of the COVID-19 pandemic. During 2020, the pandemic has become a major health concern in most countries worldwide. By early January, the number of deaths due to the pandemic approached two million. While a number of vaccine programs were being rolled out in January, several countries reported the highest number of new cases so far during the pandemic.

In course of this last year a large number of studies have been conducted on different aspects of the pandemic within a broad range of health related disciplines. Patient Education and Counseling – PEC – has received more than 100 manuscripts on COVID-19, covering topics such as reactions and behaviors among patients, families and the public at large and ideas and interventions on how to improve health communication related to COVID-19. In a number of editorials last year, we have discussed topics such as how to handle uncertainty and promote behavior change in information to the public [1], clinical communication between health care providers, patients and families during the pandemic [2], and on how to provide equitable care to patients with limited dominant language proficiency [3].

When the present issue of PEC is being published, early February 2021, many countries are in the middle of ambitious vaccination programs. It is tempting to believe that when large groups of vulnerable individuals have been vaccinated, we may soon return to normal, and loosen up on infection control behavior regimes. Most probably, that will not be the case. Even if vaccination of the most vulnerable groups will help to grossly reduce the number of deaths, an increase of patients in younger age groups is probable if infection control behavior patterns decline. Such a development may represent a major challenge to healthcare capacity. It will therefore be important to recalibrate our information strategies to help the public understand that infection control behavior will be just as important for a large part of 2021 as it has been up to now. Therefore, we will continue to publish papers in PEC on health communication tasks and strategies to promote infection control behavior and other topics relevant to COVID-19.

In the present issue of PEC, we publish three articles on challenges for healthcare communication during the COVID-19. One of these papers is a Position Paper written by Sarah J. White and colleagues on behalf of the research committee (rEACH) of the International Association for Communication in Healthcare (EACH) [4]. The authors discuss the experiences so far in the pandemic and suggest ways forward for healthcare communication during COVID-19 pandemic, both in terms of how to provide information

on the pandemic to the public and on issues related to clinical communication with individual patients and families.

1. How well do people understand health information?

One major aspect of informing the public is to find a terminology that is well understood by all. There are, however, large differences between us regarding how well we understand information, and health literacy has become a major concern in course of the last twenty years [5]. In the Position Paper in this issue, White et al. point to the importance of health literacy for the understanding of risk, which is a crucial element in information about the pandemic [4]. They suggest that policy makers should connect with communication experts and citizen groups to enhance health literacy of key influencers and others in order to promote better understanding of relevant information [4]. As alluded to above, such information should include an emphasis on why infection control is still important in the current stage of the pandemic when broad vaccination programs are being rolled out.

In another article in the present issue of PEC, Matterne et al. review a large number of studies on health literacy and related phenomena in the context of corona virus outbreaks, including previous outbreaks as well as COVID-19[6]. The authors found that only few studies explicitly referred to the concept of health literacy in their studies of health information seeking and other behaviors in a pandemic context. They conclude that future research should be guided from health literacy research in order to learn more about the associations between health literacy, risk perception and infection control behavior.

2. What do people want to know and what do they fear?

Effective information to the public on COVID-19 should be calibrated to the specific information needs of the public. In a paper included in the present issue Leão et al. report data from a content analysis of 293 questions submitted to online, radio, newspaper and TV channel forums during the first months of the pandemic in Portugal [7]. First of all, they found a high degree of uncertainty and doubt, regarding both medical questions, daily life practicalities related to lockdown and other measures, and questions related to infection control. It is interesting to see how certain uncertainties and doubts were reduced during the early weeks of the pandemic, while the frequencies of others increased.

Second, many individuals reported a considerable amount of concerns and fear, related to the disease itself and to its

implications and consequences. Again, there were variations over time in the nature of people's concerns [7]. More knowledge on people's reactions to the pandemic in different phases may be useful background information for those who are involved in communication on the pandemic to the public.

3. How is clinical communication affected by COVID-19?

COVID-19 has also changed <u>clinical</u> communication practices. A major change in the working day of many clinicians is a transition from face-to-face communication to remote encounters. In the next couple of issues of PEC we will publish papers on barriers and facilitators to communication in a COVID-19 context and on different aspects of video consultations and use of virtual assistants.

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